

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

Charitta Burt, Paralegal  
**10/538487**

U. S. Application No. \_\_\_\_\_

Publication Date 7.22-04

Publication No. WO 2004/062042 PCT/RO/101 \_\_\_\_\_

Copy of ISR EP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country SG No. 0207786-5 date 12.20.02 MORE

Correspondence checked: 23683 deposit account 50-1873

Inventor Residence city: Lisle, state and/or country IL citizenship: SG

International Application No. PCT US2603/039595 Language Eng

Copy in International Application: 1; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: 900; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 16 Chargeable 16 Independent 1 multiple NO

Number of drawing Sheets: 6 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 6-8-05 Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: ✓; Annexes: ✓ entered ✓ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ✓ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): \_\_\_\_\_ Number of copies included \_\_\_\_\_

Date of 35 USC Receipt of Request: 6-8-05 **Notes:** \_\_\_\_\_

Date Completion USC 371 Requirements: 6-8-05 |

Notice of Missing Requirements: \_\_\_\_\_ |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: \_\_\_\_\_ |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_